

Los Angeles County Department of Mental Health

APPLICATION FOR TUITION REIMBURSEMENT

[Should be completed prior to taking course(s)]

Please submit this form to the Training and Cultural Competency Bureau with Parts I, II and III completed.

PART I TO BE COMPLETED BY APPLICANT

Name: _____

Program: _____ Title: _____

Telephone No. _____ E-Mail _____

Course No. _____ Course Title: _____

School: _____

Course Dates: _____ Fees: _____

Course Description: _____

How do you plan to apply the information acquired in this course to your present job duties?

I certify that I am not eligible for reimbursement under any other government program.

Signature of Employee_____
Date**PART II** TO BE COMPLETED BY SUPERVISOR

I further recommend that this employee's application be approved.

Signature of Supervisor_____
Date**PART III** TO BE COMPLETED BY DISTRICT/DIVISION CHIEF

I recommend that this employee's application: _____ be approved _____ not be approved

Signature of District/Division Chief or Deputy Director_____
Date**PART IV** TO BE COMPLETED BY TRAINING AND CULTURAL COMPETENCY BUREAU

Application is _____ approved _____ not approved for reimbursement.

Signature of Bureau Chief_____
Date